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AUTHOR Janney, Rachel
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ABSTRACT

This paper presents a case study of a young girl diagnosed as autistic and having a history of tantrums, who was grouped with six other students with mild to moderate disabilities. Intervention plans developed by her teacher and a consultant addressed the girl's needs for more positive social and communication skills, focusing on increasing demands for task participation and social interaction within the context of age-appropriate functional skill routines and leisure activities. These methods brought about substantial results in integrating the student with her peers, but lack of available support services led to her withdrawal and entry into a residential, segregated placement. Includes three references. (PR)

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MARY

A Case Study in
Educational Consultation to
Support Integrated Educational
Placements for Students with
Disabilities and Challenging
Behavior

Rachel E. Janney, Ph.D.
Associate Project Director
Child-Centered Inservice Training Project
Syracuse University
Division of Special Education and Rehabilitation

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Introduction

The Child-Centered Inservice Training and Technical Assistance Network was designed to help support integrated educational placements for students with severe disabilities and challenging behaviors. Each year, the project provided consultants to work with the school professional staff providing services for up to 15 target students with severe disabilities who were receiving their education in regular education schools. Consultants -- who were Ph.D.'s or doctoral students in special education or school psychology -- were available for on-site inservice training and technical assistance on a weekly basis throughout the school year. Their role was to facilitate problem-solving and to help design, implement, and evaluate a comprehensive intervention plan incorporating positive, educationally-focused strategies to remediate student needs. All interventions were conducted by existing program staff.

For more information on the intervention approach, see Evans and Meyer (1985) and Janney and Meyer (1988a). A more complete description of the steps in the consultation model is provided in Janney and Meyer (1988b).

MARY

Student Summary

Mary, who is labeled autistic, was eight years old when she was referred to the Child-Centered Inservice Training Project. She was attending a non-categorical, primary-age special education program located in an elementary school in her home school district. Mary lived at home with her parents and several siblings.

The administrator who made the referral reported that Mary had a history of tantrums which included behaviors such as screaming, hitting, biting, scratching, and thrashing. Mary had many other excess behaviors as well, including object flapping, finger flicking, mouthing, objects, shrieking, and crying.

Mary had no conventional language or symbol system, and communicated instead through her excess behaviors, as well as by tugging on adults or leading them to something she wanted, or pushing or throwing to indicate she did not want something. She participated in minimal ways in some self-care routines.

Program Summary

Mary and the other six students in her class -- all of whom had mild to moderate disabilities -- were served by a teacher and two assistants. One assistant was hired specifically as a one-to-one assistant for Mary. Mary spent the major portion of her school day sitting in a rocking chair flipping the pages of books. The demands placed on her were primarily in the areas of self care (toileting, hygiene, eating snack and lunch), individual leisure skills (playing with a bean bag or playdough, or using headphones to listen to the radio), and occasionally, brief participation in a group recreation or leisure activity.

The speech therapist had designed a communication board for Mary. The board included pictures of lunch, snack, drink, toilet, and one of Mary taking a walk with the one-to-one assistant. The communication board was used primarily during Mary's sessions with the speech therapist, and consisted of massed trials of touching the eat or drink pictures in order to eat a snack.

Though her classmates were mainstreamed for art, music, and P.E., Mary's entire school day was spent segregated from her typical peers.

Intervention Needs and Functional Analysis

In September, Mary had been having tantrums several times a day, usually when demands for task participation and/or social interaction were made of her. Her teacher had therefore removed

almost all demands from Mary's school day, and the frequency of the tantrums and aggression had decreased. At referral, the excess behavior of greatest concern was screaming; Mary's teacher had received many complaints about how disruptive the screaming was to the rest of the school. Mary's teacher wanted to teach Mary more positive ways to communicate and to increase her participation in functional skill routines. She primarily wanted a consultant's assistance in planning "How to make [Mary's] day more productive," and how to better integrate her into the school community.

Mary's teacher also wanted to develop a new crisis management plan for the tantrums, as the plan in use involved the one-to-one assistant's removing Mary from the classroom until she was calm. She believed that this was only reinforcing Mary's tantrums, which were clearly motivated by her desire to escape from task participation and social interaction.

Intervention Plan

The intervention plan developed by the consultant and Mary's teacher addressed Mary's needs for more positive social and communication skills. As the demands that set the stage for tantrums had already been removed, the plan focused on increasing demands for task participation and social interaction within the context of age-appropriate functional skill routines and leisure activities. The specific programs and strategies implemented included:

Ecological strategies:

1. Instead of seating students at their desks for snack, seat them in small groups. Include Mary in a group with students who seem to be the most interested in her.
2. Use backward chaining to integrate Mary into the cafeteria for lunch. Begin with dessert in the cafeteria after she's had lunch in the classroom. (Starting at the beginning can backfire; if she has a hard time and then you leave, she may be rewarded for the problem behavior. This way, she leaves when lunch is over and everyone else is leaving.)
3. Use structured tasks with clearly defined expectations. Alternate with "choice" times.
4. Use errorless learning and antecedent teaching procedures during all instructional activities to increase correct responding and opportunities for reward.
5. Add a breakfast preparation and eating routine to her

schedule. (Late morning is an especially difficult time; it seems that she's too hungry to think about anything but lunch.)

Curricular strategies:

1. Teach tapping another person on the shoulder to indicate the need for attention.
2. Incorporate instruction in meal/snack preparation, table setting and clean-up.
3. Solicit typical peers to play games with Mary during recess; teach Mary to participate in a leisure activity with a peer.
4. Add pictures of leisure activities to Mary's communication board. Embed instruction in communication objectives within choice times, snack, breakfast, and other functional routines.

Consequential strategies

1. When Mary has a tantrum or becomes aggressive, focus on redirecting her to the task or activity at hand if at all possible. Try not to let behavior problems terminate the activity.
2. If not able to redirect her, use minimal physical assistance to move her to her desk to calm down and then redirect her to the task as soon as possible. Removal to her desk should primarily be used if the incident occurs during a group activity, when redirecting is more difficult and there is concern about the needs of the larger classroom group.

Implementation of the Intervention Plan

Mary's teacher implemented every component of the plan within a month of its development. There were some inconsistencies in implementation, however. Mary's teacher and one classroom assistant had much higher expectations of Mary's ability to participate in functional routines and instructional activities than the other assistant, who tended to take an over-protective, caretaking approach to working with Mary.

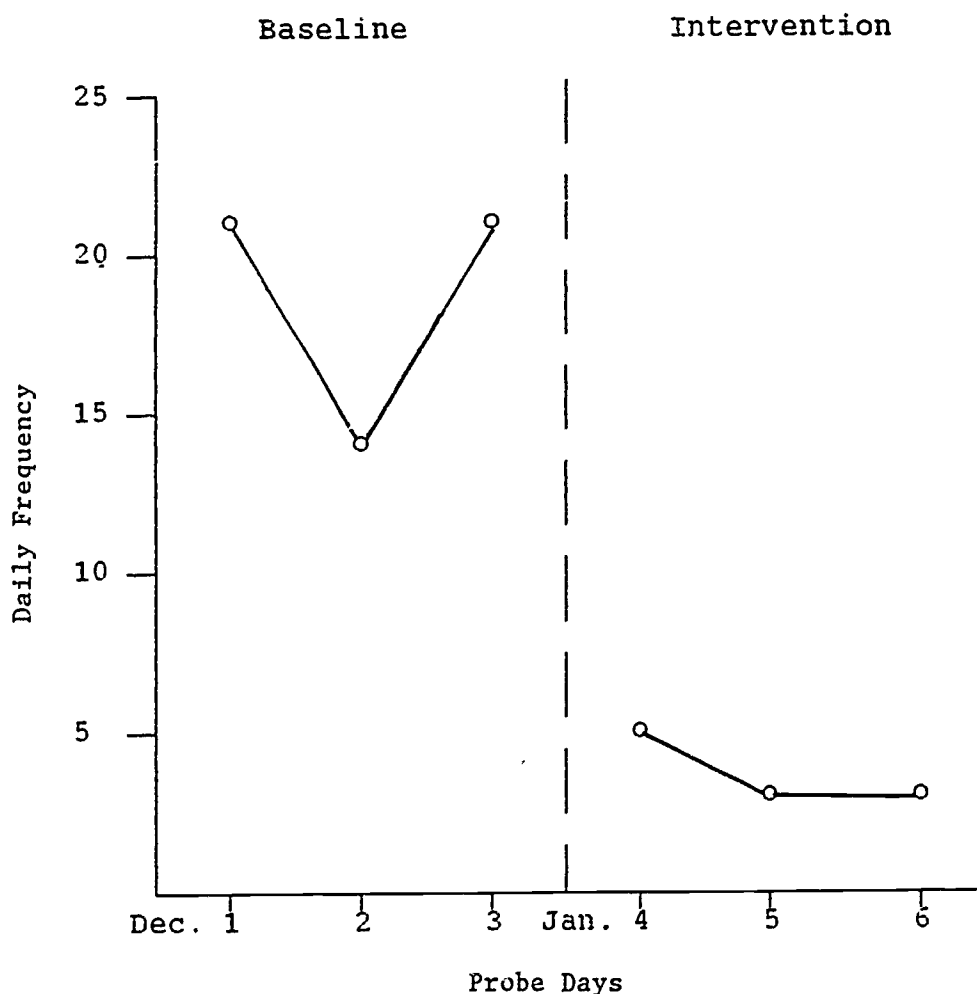
The consultant first visited Mary's classroom in late November, and was on-site one to two hours each week school was in session from December through February. Feedback on observations made during the school day was provided to staff at bi-weekly meetings held after school (the two assistants were paid to attend some of these meetings). Three 20-minute

videotapes were made and used to train staff in task analysis and prompting techniques.

Outcomes and Evaluation

By early February of the intervention year, Mary was still sometimes screaming and lying down on the floor during transitions from low to higher demand situations, but the duration and frequency of those behaviors had greatly decreased. Staff were usually able to redirect her with minimal physical and gestural prompts. As shown in Figure 1, Mary's outbursts of screaming decreased from an average of 19 occurrences daily in December to an average of 4 occurrences daily in January.

Figure 1
Mary's Screaming



By the end of January, Mary was using an adaptive tray to pick up her own lunch in the cafeteria, and eating her lunch there. Two girls her age were spending their after lunch recess with Mary on alternate days, playing "Simon" with her in the classroom or taking her with them to watch their classmates play jump rope in the hall near the cafeteria. Mary was also attending physical education class with her classmates and participating in snack and leisure activities with them.

Whereas at the beginning of the school year Mary's placement had been in jeopardy, by February she was no longer at risk for referral to a more restrictive placement. School staff would now jokingly ask Mary's teacher: "Where's [Mary]? We don't hear her anymore."

Unfortunately, Mary's progress was not so evident at home, and Mary's parents requested a residential placement for her. A family in another school district agreed to provide foster care for Mary, but that school district did not offer any integrated options for students with severe disabilities. Mary was therefore placed in a program at a segregated school in spite of the recommendation of her home district that she continue to attend school in an integrated setting. The school district would not reconsider this placement even with an offer of continued support from The Child-Centered Inservice Training Project if Mary were placed in a regular education school.

Discussion

The results of this case may say more about the problems with our special education and residential service delivery systems than about the effectiveness of educative approaches to challenging behavior or the viability of educational consultation as a service to support integrated placements for students with intensive needs. Mary's parents had sought in-home services to help them keep Mary at home, but out-of-home care was virtually the only support available to them. Thus, the services utilized reflected the limited options available more than the selection of appropriate services based on individual needs.

Likewise, Mary's subsequent educational placement was based on the availability of only segregated options rather than on an assessment of how Mary's learning needs could be met in the least restrictive environment. It was clear that the clinical or technical skills needed to educate Mary could be applied in an integrated setting where she could also benefit from normalized peer interactions. Isolation and exclusion were not required to provide an effective program for Mary.

The Child-Centered Inservice Training Project was designed to help demonstrate that, given adequate training and support,

school districts can serve all students in integrated settings. However, if a commitment to integration doesn't exist, systems-change and advocacy efforts will be required as well as inservice training and technical assistance.

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